

# DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR

## STATE OF MONTANA

[www.dphhs.state.mt.us](http://www.dphhs.state.mt.us)  
(406) 444-2676 (406) 444-0596  
FAX: (406) 444-1742  
FAX: (406) 444-1742

2401 Colonial Drive  
2<sup>nd</sup> Floor  
P.O. Box 202953  
HELENA, MT 59620-2953

---

Dear Prospective Assisted Living Facility Provider:

This letter is in response to a request for information regarding the procedure to license an Assisted Living Facility (previously known as a Personal Care Home). Assisted Living Facilities are not required to be reviewed by the Health Planning Program and therefore do not need a Certificate of Need.

The following references are enclosed:

- 1) A current license application form with explanation of fees;
- 2) *Assisted Living Application Attachment* 50-5-101 through 50-5-228, Montana Code Annotated (MCA);
- 3) *Montana Elder and Persons with Developmental Disabilities Abuse Prevention Act* 52-3-801 through 52-3-825, Montana Code Annotated (MCA), and *Montana Long-Term Care Residents' Bill of Rights* 50-5-1101 through 50-5-1107
- 4) *Minimum standards for Assisted Living Facilities*, Administrative Rules of Montana (ARM) 37.106.2801 through 37.106. 2886;
- 5) *Minimum standards for Restraints, Safety Devices, Assistive Devices, and Postural Supports*, Administrative Rules of Montana (ARM) 37.106.2901 through 37.106.2908;
- 6) "One Daughter's Story" and *Assisted Living Facility Informed Consent: Safety Devices* form;
- 7) *Senior Living University* (formally known as *Assisted Living Federation of America* ALFA and ALU-*Assisted Living University*) Training System information sheet and course outline;

**Additional requirements, sample forms and information are available from the Internet at: <http://www.dphhs.mt.gov/programsservices/assistedliving/index.shtml> including:**

- *Food Service Establishments*, Administrative Rules of Montana (ARM) 37.110.201 through 37.110.259:
- Medicaid Waiver Home and Community Based Services Information Sheet with resource listings

**Please submit the following for licensure of the facility**

- ☐ A completed License Application indicating the number of desired resident beds, with the appropriate fee. Please also indicate if the facility will be endorsed for Category B and/or Category C endorsement.
- ☐ Policies and procedures must be submitted at least forty-five (45) days prior to expected opening date for review and approval. Category B and C endorsements require additional policies and procedures to meet the regulatory requirements.
- ☐ Facility Resident Agreement for review and approval. (See Resident Agreement Criteria on the web under *Assisted Living Survey Tools, Forms and Guidelines* or *Optional Assisted Living Facility Forms* at:

<http://www.dphhs.mt.gov/programsservices/assistedliving/pcpacket.shtml>

Or

<http://www.dphhs.mt.gov/programsservices/optionalassistedlivingforms/optionalforms.shtml> )

- ☐ If the facility uses well water, please submit a copy of a Certified Laboratory Report of the well water for portability dated within the past year. Please contact your local County Health Department for assistance.
- ☐ If the facility is not on a city sewer system please submit a copy of the local county health department septic system inspection.
- ☐ \*A floor plan of the facility, which can be hand drawn as long as dimensions are included, documenting the size of all rooms and spaces utilized by the residents. If the bedroom has any built in obstructions (i.e. a closet or bookcase) measurements are made from the front of the closet door/bookcase, not from the closet back wall, to the opposite wall. Door-swing areas are not included in the available square footage of the room.

**Upon completion of construction please submit the following:**

( see reference # 4 on page 1 *ARM 37.106.2835 through 37.106.2839* for additional facility requirements.)

- ❑ A Certificate of Occupancy if issued by the local building code authority and a fire inspection report from the local fire authority
- ❑ Indicate the type of security system/locks used to secure the facility and submit approval of this system by the local fire-marshal.
- ❑ Written verification by the installer that the electrical call system is functioning as designed and installed and that it rings into an area that is staffed twenty-four (24) hours.
- ❑ If you have an electrical security system utilized to restrict resident movement, please submit written documentation from the installer verifying the system is working as designed and installed.

Upon submission and approval of **ALL** aforementioned information and documentation for an Assisted Living Facility, this Bureau will issue a six (6) month provisional license. You may not accept residents in the facility until you are licensed.

A health care facility surveyor will conduct a site visit during the provisional license period to assess facility compliance with the assisted living facility regulations. This visit is also an opportunity for you and the assisted living facility staff to obtain any necessary additional clarification on the interpretation of rules or statutes.

If you have further questions or need assistance during the licensure process, you may Contact; Jan Kiely, Program Manager 444-1575, Harry Dziak, MSW 444-0572, Shelley Lowe, RN 444-9138, Thad Person, RN in Missoula at 329-1318, or the Licensure Bureau main number 444-2676.

Sincerely,

Becky Fleming-Siebenaler  
Licensure Bureau Chief  
Quality Assurance Division  
Enclosures: 7